

COMPILATION OF JOURNALS, STUDIES, AGENCIES ON USE OF MASKS FOR VIRUS CONTROL

Last updated:

10/29/20 [These 12 graphs show masks do nothing](#)

10/30/2020 [Wall Street Journal editorial](#)

10/30/2020 (TWO PARTS) [Part 1 Primary Doctor Medical Journal Masks, false safety and real dangers....](#)

[Part 2: Primary Doctors Medical Journal Masks, false safety and real dangers....](#)

CATEGORIZED BY TYPE OF RESOURCE

Here are some great resources that conclude masks are useless to prevent the spread of **viruses**, like CoVid and Influenza. Sections of this document:

- I. [US AGENCIES AND NGOs](#)
- II. [PEER REVIEWED STUDIES](#)
- III. [MEDICAL PROFESSION POSITION PUBLICATIONS/STUDY SUMMARIES/PHYSICIAN OPINIONS](#)
- IV. [SCANDINAVIAN COUNTRIES MASK STATEMENTS](#)
- V. [HEALTH AND SAFETY PROFESSIONALS AND MASK FIT. OSHA SAFETY STANDARDS](#)
- VI. [MASKS, PPE, AND SAFETY STUDIES](#)
- VII. [MEDIA/ANECDOTAL/EDITORIAL](#)
- VIII. [COUNTRY/STATE CASE GRAPHS - MASK/NO MASK COMPARISONS](#)

My aim isn't to tell you to wear or not wear a mask: that is up for you to decide.

You deserve accurate information regarding the usefulness of masks and whether they prevent the spread of viruses. I'll add data as I find it. Email me at you.have.an.awesome.smile@gmail.com with any relevant research you have on masks.

>>>I've been asked why the document is named 'Uncompromised'. Simply, most of the trials and studies were done on the flu, a viral respiratory illness, before CoVid 19. They behave and exhibit symptoms that are nearly indistinguishable from each other, to the point Dr. Birx said in April that they were tracking all "ILI", or Influenza-like-illnesses. There was no 'narrative' or agenda to support, or a conclusion that went and tried to back-fill with cherry picked data that best supports a presupposition with studies prior to CoVid. Unfortunately, it's not possible to say the same with more recent studies.

A great visual from an anesthesiologist with 36 years experience. Watch this even if you don't click on any other link.

Dr. Noel tests various masks with a vape-pen, which means he's exhaling vapor and aerosol, both which carry the virus.. It's quite eye-opening and blows the concept of 'your mask protects me' (source control) out of the water...er, mask.

https://youtu.be/P_iQM5x9wF8

I. US AGENCIES AND NGOs

Sept 2020 study indicating mask compliance doesn't affect infection rates

In the 14 days before illness onset, 71% of case-patients and 74% of control-participants reported always using cloth face coverings or other mask types when in public.

CDC warning you that a mask won't protect you from SMALL inhaled smoke particles. Particles that are magnitudes larger than CoVid 19 particles. (Ed. note: Remember, Covid has also been found lingering in the air in an aerosol. Not just in droplets.

Cloth masks will not protect you from wildfire smoke.

Cloth masks that are used to slow the spread of COVID-19 by blocking respiratory droplets offer little protection against wildfire smoke. They do not catch small, harmful particles in smoke that can harm your health.

CDC acknowledges MASKS DO NOT PROTECT YOU at same time recommending to still wear them. Yes, it's confusing.

The image is a screenshot of a CDC document defining 'close contact'. It features two columns of bullet points. The left column defines close contact as being within 6 feet for 15 minutes or more. The right column lists two categories of individuals: those with COVID-19 symptoms and those who have tested positive but are asymptomatic. A red box highlights a note stating that the definition is irrespective of whether the person was wearing a mask or PPE. Another red box at the bottom contains a disclaimer about the limited data used to define close contact.

- Individual who has had close contact (< 6 feet)** for ≥15 minutes***
- Person with COVID-19 who has symptoms (in the period from 2 days before symptom onset until they meet criteria for discontinuing home isolation; can be laboratory-confirmed or a clinically compatible illness)
- Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any symptoms (in the 2 days before the date of specimen collection until they meet criteria for discontinuing home isolation).

Note: This is irrespective of whether the person with COVID-19 or the contact was wearing a mask or whether the contact was wearing respiratory personal protective equipment (PPE)

** Data to inform the definition of close contact are limited. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), and whether the exposure was to a person with symptoms (e.g., coughing likely increases exposure risk). While research indicates masks may help those who are infected from spreading the infection, there is less information regarding whether masks offer any protection for a contact exposed to a symptomatic or asymptomatic patient. Therefore, the determination of close contact should be made irrespective of whether the person with COVID-19 or the contact was wearing a mask. Because the general public has not received training on proper selection and use of respiratory PPE, it cannot be certain whether respiratory PPE worn during contact with an individual with COVID-19 infection protected them from exposure. Therefore, as a conservative approach, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE, which is recommended for health care personnel and other trained users, or a mask recommended for the general public.

Surgeon General in February:



Dr. Fauci: "There's no reason for people to be walking around with a mask."

CDC (Center for Disease Control) in May, 2020 stating that masks do not stop the spread of viruses:

"We did not find evidence that surgical type facial masks are effective in reducing laboratory-confirmed influenza (a VIRUS) transmission, **either when worn by infected persons or by persons in the general community to reduce their susceptibility.**"

[WHO, 2019 Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza](#) *Ed note: WHO admits there is no documented proof that masks mitigate the spread of viruses. Entire document is a goldmine of recommendations that contradict current practices imposed in the US.*

MEASURES	RECOMMENDATIONS	QUALITY OF EVIDENCE	STRENGTH OF RECOMMENDATION	WHEN TO APPLY
Face masks	Face masks worn by asymptomatic people are conditionally recommended in severe epidemics or pandemics, to reduce transmission in the community. Although there is no evidence that this is effective in reducing transmission, there is mechanistic plausibility for the potential effectiveness of this measure.	Moderate (lack of effectiveness in reducing influenza transmission)	Conditionally recommended	In severe epidemics or pandemics
	A disposable surgical mask is recommended to be worn at all times by symptomatic individuals when in contact with other individuals. Although there is no evidence that this is effective in reducing transmission, there is mechanistic plausibility for the potential effectiveness of this measure.	Moderate (lack of effectiveness in reducing influenza transmission)	Recommended	At all times for symptomatic individuals

OVERALL RESULT OF EVIDENCE ON FACE MASKS

1. Ten RCTs were included in the meta-analysis, and there was no evidence that face masks are effective in reducing transmission of laboratory-confirmed influenza.

[CDC, Community Mitigation Guidelines to Prevent Pandemic Influenza, April 2017](#)

Editor comment: note the graphic which outlines protocols for severe epidemics. CoVid19 is a 'high severity' pandemic. Note the mask and social distancing for an extreme pandemic. There are no rct or serious studies after this document was published to warrant changing these protocols to the existing levels of the US universal lockdown/mask mandates.

Face masks (disposable surgical, medical, or dental procedure masks) are widely used by health care workers to prevent respiratory infections both in health care workers and patients. They also might be worn by ill persons during severe, very severe, or extreme pandemics to prevent spread of influenza to household members and others in the community

TABLE 10. Recommended nonpharmaceutical interventions for influenza pandemics, by setting and pandemic severity*

Setting	Pandemic severity		
	Low to moderate severity (mild to moderate pandemic)	High severity (severe pandemic)	Very high severity (very severe to extreme pandemic [†])
All	CDC recommends voluntary home isolation of ill persons, respiratory etiquette, hand hygiene, and routine cleaning of frequently touched surfaces and objects. ⁵	CDC recommends voluntary home isolation of ill persons, respiratory etiquette, hand hygiene, and routine cleaning of frequently touched surfaces and objects.	CDC recommends voluntary home isolation of ill persons, respiratory etiquette, hand hygiene, and routine cleaning of frequently touched surfaces and objects.
Residences	CDC generally does not recommend voluntary home quarantine of exposed household members.	CDC might recommend voluntary home quarantine of exposed household members in areas where novel influenza virus circulates.	CDC might recommend voluntary home quarantine of exposed household members in areas where novel influenza virus circulates.
	CDC generally does not recommend use of face masks by ill persons.	CDC might recommend use of face masks by ill persons when crowded community settings cannot be avoided.	CDC might recommend use of face masks by ill persons when crowded community settings cannot be avoided.
Child care facilities, schools for grades K–12, and colleges and universities	CDC might recommend selective school dismissals in facilities serving children at high risk for severe influenza complications.	CDC might recommend temporary preemptive, coordinated dismissals of child care facilities and schools. ⁴ If schools remain open, CDC might recommend social distancing measures. ^{4*}	CDC might recommend temporary preemptive, coordinated dismissals of child care facilities and schools. If schools remain open, CDC might recommend social distancing measures.
Workplaces	CDC generally does not recommend social distancing measures.	CDC might recommend social distancing measures. ^{1†}	CDC might recommend social distancing measures.
Mass gatherings ^{5§}	CDC generally does not recommend modifications, postponements, or cancellations.	CDC might recommend modifications, postponements, or cancellations.	CDC might recommend modifications, postponements, or cancellations.

[National Institutes of Health, April 2015](#)

The rates of all infection outcomes were highest in the cloth mask arm, with the rate of ILI (influenza like illness) statistically significantly higher in the cloth mask arm. An analysis by mask use showed ILI and laboratory-confirmed virus were significantly higher in the cloth masks group compared with the medical masks group. **Penetration of cloth masks by particles was almost 97%** and medical masks 44%. This study is the first RCT of cloth masks, and the **results caution against the use of cloth masks**. This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection.

OSHA. Says to wear, and in same documents explicitly states WILL NOT PROTECT AGAINST A VIRUS

Cloth face coverings:



- May be commercially produced or improvised (i.e., homemade) garments, scarves, bandanas, or items made from t-shirts or other fabrics.
- Are worn in public over the nose and mouth to contain the wearer's potentially infectious respiratory droplets produced when an infected person coughs, sneezes, or talks and to limit the spread of SARS-CoV-2, the virus that causes Coronavirus Disease 2019 (COVID-19), to others.
- Are not considered personal protective equipment (PPE).
- Will not protect the wearer against airborne transmissible infectious agents due to loose fit and lack of seal or inadequate filtration.
- Are not appropriate substitutes for PPE such as respirators (e.g., N95 respirators) or medical face masks (e.g., surgical masks) in workplaces where respirators or face masks are recommended or required to protect the wearer.
- May be used by almost any worker, although those who have trouble breathing or are otherwise unable to put on or remove a mask without assistance should not wear one.
- May be disposable or reusable after proper washing.


Surgical masks:

- Are typically cleared by the U.S. Food and Drug Administration as medical devices (though not all devices that look like surgical masks are actually medical-grade, cleared devices).
- Are used to protect workers against splashes and sprays (i.e., droplets) containing potentially infectious materials. In this capacity, surgical masks are considered PPE. Under OSHA's PPE standard (29 CFR 1910.132), employers must provide any necessary PPE at no-cost to workers.¹
- May also be worn to contain the wearer's respiratory droplets (e.g., healthcare workers, such as surgeons, wear them to avoid contaminating surgical sites, and dentists and dental hygienists wear them to protect patients).
- Should be placed on sick individuals to prevent the transmission of respiratory infections that spread by large droplets.
- Will not protect the wearer against airborne transmissible infectious agents due to loose fit and lack of seal or inadequate filtration.
- May be used by almost anyone.
- Should be properly disposed of after use.

Dr. Fauci: His mask comes off when 'no one' is looking

CDC, again (graphic, no link)

Understanding the Difference		
	 Surgical Mask	 N95 Respirator
Testing and Approval	Cleared by the U.S. Food and Drug Administration (FDA)	Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84
Intended Use and Purpose	Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's respiratory emissions.	Reduces wearer's exposure to particles including small particle aerosols and large droplets (only inward aerosols).
Face Seal Fit	Loose-fitting	Tight-fitting
Fit Testing Requirement	No	Yes
User Seal Check Requirement	No	Yes. Required each time the respirator is donned (put on)
Filtration	Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection	Filters out at least 95% of airborne particles including large and small particles
Leakage	Leakage occurs around the edges of the mask when user inhales	When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales
Use Limitations	Disposable. Discard after each patient encounter.	Ideally should be discarded after each patient encounter and after aerosol-generating procedures. It should also be discarded when it becomes damaged or deformed, no longer forms an effective seal to the face, becomes wet or visibly dirty, breathing becomes difficult, or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.

 Centers for Disease Control and Prevention
Division of Field Epidemiology
Prevention and Control of Infectious Diseases

II. PEER REVIEWED STUDIES

Primary Doctor Medical Journal Masks, false safety and real dangers, Part 1: Friable mask particulate and lung vulnerability

There is no biological history of mass masking until the current era. It is important to consider possible outcomes of this society-wide experiment. The consequences to the health of individuals is as yet unknown. Masked individuals have measurably higher inspiratory flow than non-masked individuals. This study is of new masks removed from manufacturer packaging, as well as a laundered cloth mask, examined microscopically. Loose particulate was seen on each type of mask. Also, tight and loose fibers were seen on each type of mask. If every foreign particle and every fiber in every facemask is always secure and not detachable by airflow, then there should be no risk of inhalation of such particles and fibers. However, if even a small portion of mask fibers is detachable by inspiratory airflow, or if there is debris in mask manufacture or packaging or handling, then there is the possibility of not only entry of foreign material to the airways, but also entry to deep lung tissue, and potential pathological consequences of foreign bodies in the lungs.

Primary Doctors Medical Journal Masks, false safety and real dangers, Part 2: Microbial challenges from masks

Masks have been shown consistently over time and throughout the world to have no significant preventative impact against any known pathogenic microbes. Specifically, regarding COVID-19, we have shown in this paper that mask use is not correlated with lower death rates nor with lower positive PCR tests. Masks have also been demonstrated historically to contribute to increased infections within the respiratory tract. We have examined the common occurrence of oral and nasal pathogens accessing deeper tissues and blood, and potential consequences of such events. We have demonstrated from the clinical and historical data cited herein, we conclude the use of face masks will contribute to far more morbidity and mortality than has occurred due to COVID-19.

Postoperative wound infections and surgical face masks: A controlled study (1991)

It has never been shown that wearing surgical face masks decreases postoperative wound infections. On the contrary, a 50% decrease has been reported after omitting face masks. The present study was designed to reveal any 30% or greater difference in general surgery wound infection rates by using face masks or not.

New England Journal of Medicine, April 2020:

“We know that wearing a mask outside health care facilities offers little, if any, protection from infection.”

“It is also clear that masks serve symbolic roles. Masks are not only tools, they are also talismans that may help increase health care workers’ perceived sense of safety, well-being, and trust in their hospitals. Although such reactions may not be strictly logical, we are all subject to fear and anxiety, especially during times of crisis.”

[ANZ Journal of Surgery: Use of face masks by nonscrubbed operating room staff : a randomized controlled trial. 2010](#)

(Editor note: be sure to read the full conclusion of this Fascinating)

Wearing face masks had no statistically significant effect on the development of surgical site infection in this cohort. Results concur with outcomes from a previous large trial, which also found a non-significant but lower rate of infection in the NonMasked group. 4 The result seems counter-intuitive, given the long and embedded history of wearing masks to prevent infection.

[Center for Disease Research and Policy April 2020](#)

A randomized trial comparing the effect of medical and cloth masks on healthcare worker illness found that those wearing cloth masks were 13 times more likely to experience influenza-like illness than those wearing medical masks...lead us conclude that cloth masks offer no protection for healthcare workers inhaling infectious particles near an infected or confirmed patient.

Sweeping mask recommendations—as many have proposed—will not reduce SARS-CoV-2 transmission, as evidenced by the widespread practice of wearing such masks in Hubei province, China, before and during its mass COVID-19 transmission experience earlier this year. Our review of relevant studies indicates that cloth masks will be ineffective at preventing SARS-CoV-2 transmission, whether worn as source control or as PPE.

[Annals of Work Exposures and Health. 2010 study of various household cloth material as barriers](#)

The use of fabric materials may provide only minimal levels of respiratory protection to a wearer against virus-size submicron aerosol particles (e.g. droplet nuclei). This is partly because fabric materials show only marginal filtration performance against virus-size particles when sealed around the edges. Face seal leakage will further decrease the respiratory protection offered by fabric materials.

[Wiley Online Library Feb 2020: N95 Masks do not stop influenza virus](#)

The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza. It suggests that N95 respirators should not be recommended for general public and non high-risk medical staff those are not in close contact with influenza patients or suspected patients.

[JAMA \(Journal of the American Medical Association. Sept. 2019](#)

Among outpatient health care personnel, N95 respirators vs medical masks as worn by participants in this trial resulted in no significant difference in the incidence of laboratory-confirmed influenza.

[Oxford Academic, August 2017](#)

Compared to masks, N95 respirators conferred superior protection against clinical respiratory illness and laboratory-confirmed bacterial, **but not viral infections or influenza-like illness.**

[Influenza Journal, Dec 2011](#)

None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection

[PubMed, Feb 2009](#)

Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds (viral infections).

III. MEDICAL PROFESSION POSITION PUBLICATIONS/STUDY SUMMARIES/PHYSICIAN OPINIONS

Healthy People Should Not Wear Face Masks The Pandemic of Bad Science and Public Health Misinformation on Community Wearing of Masks

"As for the scientific support for the use of face mask, a recent careful examination of the literature, in which 17 of the best studies were analyzed, concluded that, "None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection."¹ Keep in mind, no studies have been done to demonstrate that either a cloth mask or the N95 mask has any effect on transmission of the COVID-19 virus. Any recommendations, therefore, have to be based on studies of influenza virus transmission. The fact is, there is no conclusive evidence of their efficiency in controlling flu virus transmission." - Russell Blaylock, MD [\[R\]](#)

Center for Evidence-Based Medicine: Masking lack of evidence with politics

The increasing polarised and politicised views on whether to wear masks in public during the current COVID-19 crisis hides a bitter truth on the state of contemporary research and the value we pose on clinical evidence to guide our decisions.

The small number of trials and lateness in the pandemic cycle is unlikely to give us reasonably clear answers and guide decision-makers. This abandonment of the scientific modus operandi and lack of foresight has left the field wide open for the play of opinions, radical views and political influence.

Inside Surgery, April 2009 Standard Surgical Masks Do Not Protect Wearer From Getting Swine Flu

The only problem with that strategy is that for the prevention of transmission of swine flu this type of mask is essentially worthless. Surgical masks will not block aerosolized particles as small as a droplet containing influenza virions from entering the airway. They essentially stop only spittle from a surgeon's mouth and mucous from a surgeon's nose from inadvertently dropping into a wound.

Journal of Oral Health, October, 2016

"It should be concluded from these and similar studies that the filter material of face masks does not filter out viruses or other submicron particles."

Masks Don't Work A review of science relevant to COVID-19 social policy April 2020

Ed. note: A physicist weighs in on mask usage from both a scientific and sociological perspective

By making mask-wearing recommendations and policies for the general public, or by expressly condoning the practice, governments have both ignored the scientific evidence and done the opposite of following the precautionary principle. In an absence of knowledge, governments should not make policies that have a hypothetical potential to cause harm. The government has an onus barrier before it instigates a broad socialengineering intervention, or allows corporations to exploit fear-based sentiments. Furthermore, individuals should know that there is no known benefit arising from wearing a mask in a viral respiratory illness epidemic, and that scientific studies have shown that any benefit must be residually small, compared to other and determinative factors.

[American Association of Physicians and Surgeons \(AAPS\), JUNE 2020](#)

Conclusion: Wearing masks will not reduce SARS-CoV-2.

N95 masks protect health care workers, but are not recommended for source control transmission. Surgical masks are better than cloth but not very efficient at preventing emissions from infected patients. Cloth masks will be ineffective at preventing SARS-CoV-2 transmission, whether worn as source control or as personal protective equipment (PPE).

“Masks may confuse that message and give people a false sense of security. If masks had been the solution in Asia, shouldn’t they have stopped the pandemic before it spread elsewhere?” - AAPS

[British Chief Medical Officer, Dr Jonathan Van-Tam](#)

“There is no evidence general wearing of face masks by the public, who are well, affects the spread of disease in our society.”

[Dr. Kelly Victory, MD. Trauma and emergency physician, Disaster Preparedness consultant, CoVid explanation](#)

Discusses mechanics of the virus, scope of risk, and safety protocols.

[Dr. Scott Jensen explains viral and particle size vs masks. Uses the phrase "Looney Tunes"](#)

[Ivor Cummings \(The Fat Emperor\) provides a comprehensive, high-level overview of CoVid looking at various locations, comparing regional reactions/outcomes](#)

IV. SCANDINAVIAN COUNTRY STATEMENTS

Finland:



When should you use a cloth face mask in addition to other preventive measures?

The Government will not issue a general recommendation on the use of face masks. Masks can be used to protect other people in places and situations where it is not possible to avoid close contact. Such situations may be encountered, for example, in public transport during rush hour.

If you want to use a face mask, it is important to remember primary preventive measures as well, such as washing your hands and following good coughing hygiene.

There is no evidence that the extensive use of masks by healthy people will help reduce infections. Using a face mask may reduce the spread of respiratory secretions (droplets) to your surroundings. In this way, they can also reduce transmission caused by asymptomatic virus carriers.

Norway:



Recommendations from the NIPH

For every measure that is recommended, the expected benefit must be weighed against any disadvantages or costs incurred.

Based on the current epidemiological situation, the Norwegian Institute of Public Health considers that there is no scientific basis for recommending the general use of face masks in the population. The number of new COVID-19 cases in the population is currently falling, and the proportion of presymptomatic and asymptomatic carriers in the community is probably relatively low. However, the recommendations may change if there is a significant increase in transmission in all or part of the population.

If geographical areas or groups in the community with widespread transmission are identified by the NIPH, further measures may be necessary, such as the use of medical or non-medical face masks in some areas and / or situations.

The advice are in accordance with recommendations from the European Centre for Disease Control (ECDC) and the World Health Organisation (see knowledge base for further information).

Denmark:



**DANISH HEALTH
AUTHORITY**



The Danish Health Authority does not encourage healthy individuals who go about their daily business to wear mouth or face masks as it is uncertain that they have any effect on virus transmission.

In Denmark, the infection pressure is low, and we are good at following the general advice about staying home at signs of illness, and maintaining proper hand hygiene and social distancing, which are the best ways to prevent the spread of infection. People who are out in public will, therefore, not generally find themselves in situations where there is a risk of drop spread, i.e. be exposed to sick people who cough and release large drops from the respiratory tract that hit other people's mucous membranes in the mouth, nose and eyes.

Furthermore, mouth or face masks can cause more harm than good. For one thing, you have to know how to use a mask correctly and how to dispose of it responsibly. Incorrect use of a mouth or face mask can increase the risk of your hands being contaminated with the virus when you, e.g. remove or correct the mouth/face mask, thereby increasing the risk of contact spread. To be effective, it has to cover your

Sweden:

What is your advice regarding face masks?



Face masks are not needed in everyday life. The best way to protect oneself and others is to keep at a distance from other people and to maintain good hand hygiene.

[Read more here about how to protect yourself and others from transmission.](#)

V. HEALTH AND SAFETY PROFESSIONALS AND MASK FIT, OSHA SAFETY STANDARDS

3M Respiratory Protection for Airborne Exposures to Biohazards

Editor note: the N95 respirators in this context are professionally fit to each unique wearer based on circumstances and working conditions, and are fit perfectly to the face to prevent leaks.

These are not the 'off the shelf, over the counter' N95s.

"When infection rates were tracked among workers who wore N95 respirators, workers who wore medical masks, and workers who wore neither, N95 respirators were found to be significantly protective against bacterial and viral infections, while surgical masks were not. Surgical masks have not been assigned protection factors by OSHA and should not be relied upon to help reduce exposure to inhalable airborne particles."

Tammy Clark, OSHA Environmental Safety Expert

[Her credentials here](#)

"We've known, we've always known, there's no new information that tells you you need to wear a mask. We've always known that this virus is so tiny that wearing a mask will not stop the spread of it." Also speaks on OSHA violating its own safety standards.

Two Environmental Health and Safety Engineers Discuss viral size, mask fittings, safety

VI. MASKS, PPE, AND SAFETY STUDIES

Preliminary report on surgical mask induced deoxygenation during major surgery

Considering our findings, pulse rates of the surgeon's increase and SpO2 decrease after the first hour. This early change in SpO2 may be either due to the facial mask or the operational stress.

[Headaches Associated With Personal Protective Equipment - A Cross-Sectional Study Among Frontline Healthcare Workers During COVID-19](#)

Most healthcare workers develop de novo PPE-associated headaches or exacerbation of their pre-existing headache disorders.

[Decreasing filter efficiency of cloth masks after repeated washings](#)

This study showed that the filtering efficiency of cloth face masks were relatively lower, and washing and drying practices deteriorated the efficiency.

VII. MEDIA/ANECDOTAL/EDITORIAL

[Wall Street Journal editorial](#)

Rather, the highest-quality evidence so far is studies like the one published [in June in Health Affairs](#), which found that U.S. states instituting mask mandates had a 2% reduction in growth rates of Covid-19 compared with states without these mandates. Because respiratory virus spread is exponential, modest reductions can translate into large differences over time. But these shifts in trajectory are distinct from the notion that mandating masks will bring the pandemic to an end. Based on evidence around the world, it should be clear that mask mandates won't extinguish the virus.

The most reasonable conclusion from the available scientific evidence is that community mask mandates have—at most—a small effect on the course of the pandemic. But you wouldn't know that from watching cable news or sitting next to a mother being forced off an airplane because her small children aren't able to keep a mask on.

[These 12 graphs show masks do nothing](#)

Our universal use of unscientific face coverings is therefore closer to medieval superstition than it is to science, but many powerful institutions have too much political capital invested in the mask narrative at this point, so the dogma is perpetuated. The narrative says that if cases go down it's because masks succeeded. It says that if cases go up it's because masks succeeded in preventing more cases. The narrative simply assumes rather than proves that masks work, despite overwhelming scientific evidence to the contrary.

[Horowitz: E-Mask-ulation: How we have been lied to so dramatically about masks. What did the scientific literature say before the issue became political?](#)

Nothing about the biology of the virus or our discovery of it has changed in the past few months that would lead us to believe that masks are somehow more effective against it than they are against the spread of other respiratory viruses. What has changed is the politics. Governments could no longer control our lives through wholesale lockdowns, because it was logistically untenable, so they created the mask mandate as a way of permanently controlling our movement. They wisely did this on the heels of the full-scale lockdown when people were grateful just to be back in business under any conditions and were desperately willing to do anything to stave off a shutdown.

[Good Morning America segment \(Feb 2020\) with doctors saying MASKS WON'T PROTECT YOU](#)

[OPINION piece \(it's a bit harsh\) about how masks are making some people meaner!](#)

[Scientists challenge WHO, believe CoVid is spread by aerosol, not droplets](#)

The scientists say that airborne transmission appears to be the only "plausible explanation" for several superspreading events. [Editor note -- this would make masks even more irrelevant]

[Opinion on the conflicting advice from the same agencies. FWIW](#)

We have the World Health Organization [telling us not to wear masks](#) unless we're sick or caring for someone who is, and then we have them telling us [the public should wear masks](#). A little digging revealed a likely reason for this change of advice: **Neither the CDC nor the W.H.O. suggest any Covid outpatient treatments. In other words, these agencies have zero suggested treatments for Covid UNTIL an infected person lands in the hospital.**

[The Highwire, July 2020](#)

YouTube removed video, can find [here](#) on FB. I don't know this guy, hasn't been peer-reviewed. Demonstration with a mask and CO2 monitor showing non-OSHA compliant levels inside the mask. Again, this is anecdotal. If you have links to journals or studies, please send to email above.

[Australian news demonstration of different cloth masks and spray particles \(larger than a virus\) going right through them](#)

[Demonstration/rebuttal of Bill Nye's 'mask candle test'.](#)

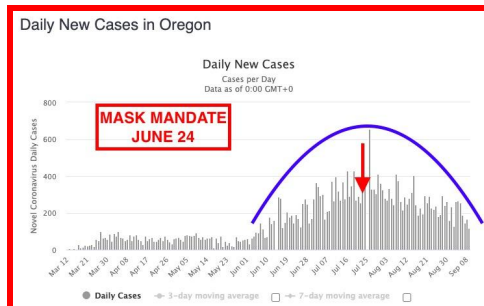
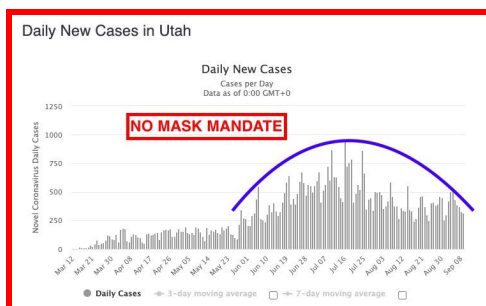
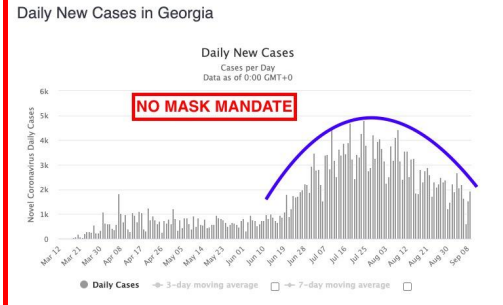
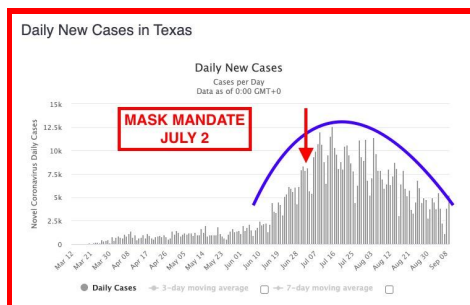
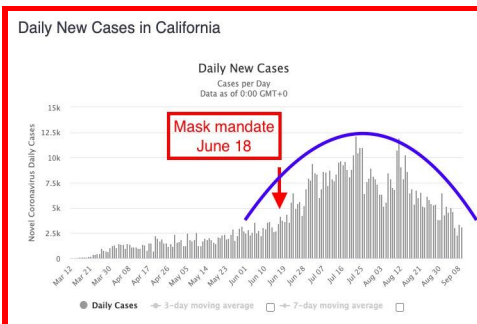
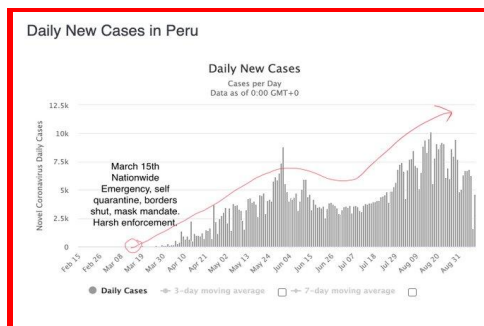
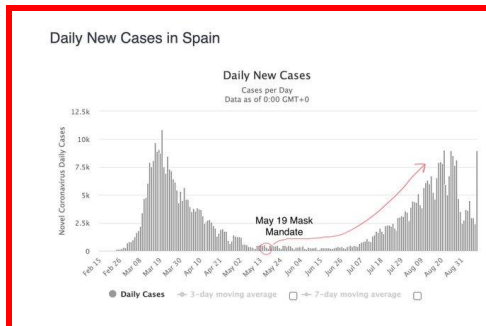
[Demo with 6 types of masks and large particle permeability](#)

[Vapor/moisture particles going through surgical mask](#)

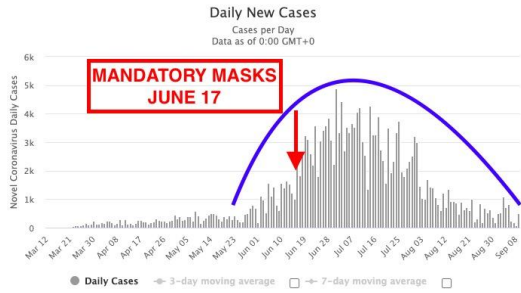
[Mocked coughing with vape smoke with various types of masks](#)

COUNTRY/STATE CASE GRAPHS - MASK/NO MASK COMPARISONS

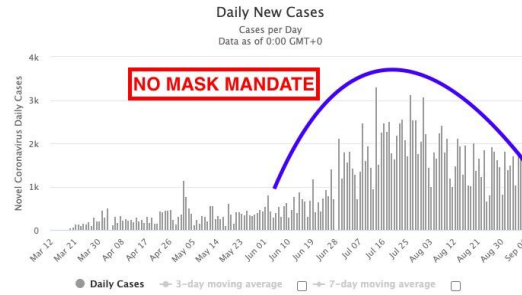
Here are graphic representations of daily case trends among various locations comparing regions/countries with and without mask mandates.



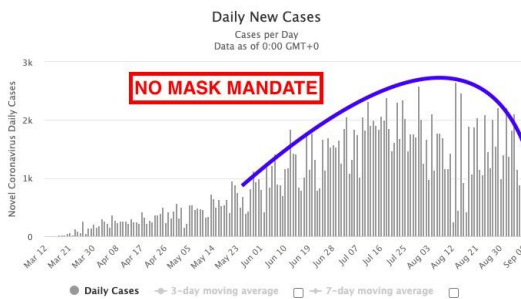
Daily New Cases in Arizona



Daily New Cases in Tennessee



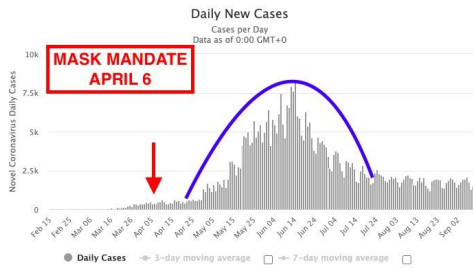
Daily New Cases in North Carolina



Daily New Cases in Sweden



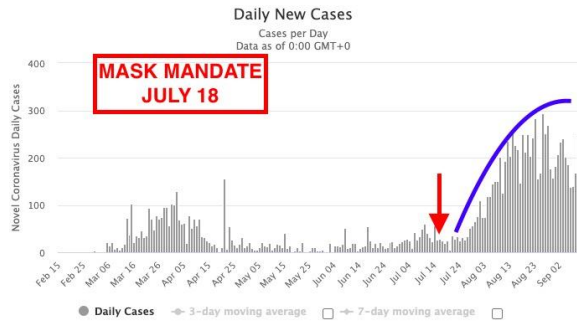
Daily New Cases in Chile



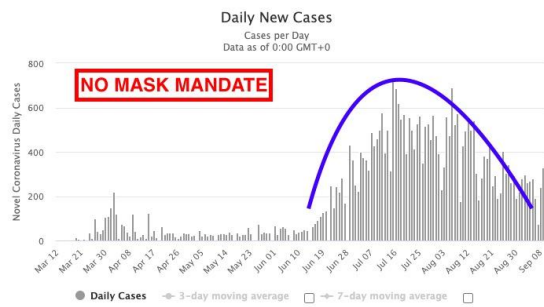
Daily New Cases in Japan



Daily New Cases in Greece



Daily New Cases in Idaho



Daily New Cases in France

